BOROUGH OF



COLCHESTER.

BOROUGH AND PORT HEALTH COMMITTEE, 1923-1924.

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F. E. HAYDON.

T. W. WATTS.

MATERNITY AND CHILD WELFARE COMMITTEE.

The above Committee with

Mrs. Fell and Mrs. Townsend.

Staff of the Public Health Department, 1923.

Medical Officer of Health, etc.:

W. F. CORFIELD, M.D., B.S., D.P.H.

Assistant Medical Officer of Health, etc.:

A. R. BALMAIN, M.B., B.S., D.P.H.

Sanitary Inspector:

A. FISHER, C.R.S.I.

Assistant Sanitary Inspector:

C. S. Humphreys.

Laboratory Assistant and Chief Clerk:

R. D. SARGEANT.

Clerk and Typist:

Junior Clerk:

Miss M. KITTLE.

D. H. BAILEY.

Health Nurses:

Miss L. Pearson, C.M.B.

Miss A. W. Sasse.

Miss E. Smith, C.M.B.

Disinfector:

G. T. HEWES.

Matron, Borough Isolation Hospital:

Miss K. C. Braidwood, R.R.C.

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HEALTH OFFICES,

TRINITY STREET,

31st March, 1924.

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour of presenting to you my Annual Report upon the Health and Sanitary Improvements of the Borough during the year 1923.

The Report is an "Ordinary Report" and not a "Survey Report." I may remind you that such a Report only concerns itself with the statistics and incidents of the year under consideration.

I have drawn attention (page 8) in the Report to the improvement in the Mortality and other rates during 1923. The Death-Rate in particular is a surprising Record, being much lower than the rate of 10·3 per thousand of the year 1920, the previous lowest rate on record. It is not likely that the present rate of 9·7 will be maintained although the whole tendency of the Death-Rate has been to fall since Health became a matter of public importance. One day a more or less stable Death-Rate will be reached and it is unlikely in a town with a fairly standard population, (that is a population in which sex and age are fairly distributed), that such Death-Rate will be under 8·0 per thousand, unless and until medical science learns a good deal more about the causes and prevention and cure of the fatal diseases.

Another Rate that has fallen remarkably is the Mortality Rate of Illegitimate Infants. This rate is usually distressingly high, much higher than the rate of legitimate children, but this year it is nearly half as low as the legitimate rate, a matter for congratulation to the Health Nurses of the Borough Council and others who have taken particular interest in the welfare of the Colchester Babies.

Not only is this the case but the Total Infantile Mortality Rate is the lowest on Record in the Borough.

The proper housing of the people still causes a good deal of anxiety to your Health Officers. A larger number of repairs have been insisted upon than has been the case of recent years, but even so there are some houses beyond repair and the sooner such houses can be demolished the better.

For the past three years the Borough has been unusually free from the notifiable Infectious Diseases, particularly Scarlet Fever. Some consider that this disease is dying out, whether this is so or not it is still of the greatest importance to do everything possible to prevent the occurrence of Infectious Disease and to deal with it promptly when it does occur. This is of the utmost importance in such diseases as Small-pox and Diphtheria. The former can be absolutely prevented by vaccination and re-vaccination. The lives of the large majority of children who contract Diphtheria can be saved by the prompt use of Diphtheria Antitoxin. If only parents would realize that 24 hours may make the difference between life and death in cases of Diphtheria they would not risk waiting to see if a child "will not get well by itself" when it suffers from sore throat and enlarged glands in the neck.

It is a pleasure every year to offer my sincere thanks to all the the members of the Health Department and Hospital Staffs. The work would suffer untold harm did not all the members of these Staffs work in the most amicable agreement.

In conclusion, I beg to thank the Chairman and Members of the Health Committee for their continued support and interest in the various and diverse activities of the Department.

I am, Your Worship, Ladies and Gentlemen,
Your obedient servant,

W. F. CORFIELD,

Medical Officer of Health, etc.

Report of the Medical Officer of Health for the year 1923.

An "Ordinary" Report as defined in para. 3 of Circular 269 of the Ministry of Health.

GENERAL STATISTICS.

Area (acres)	• • •			11,333
Population (1923 R.G. estimate) Number of Inhabited Houses (1921)	{ For ,,	Birth Death	Rate	44, 3 50 43,002 9,264
Number of Families or Separate Occu				9,380
Rateable Value	_ '	• • •	£1	97,875
Sum represented by a Penny Rate	•••	• • •		£716
	•		1922	1923
Birth Rate	• • •	• • •	18.0	18.6
,, ,, England and Wales	• • •	• • •	20.6	19.7
Death Rate		• • •	11.9	9.7
,, ,, England and Wales	• • •	• • •	12.9	11.6
Infantile Mortality Rate	• • •	•••	60 9	41.1
", ", ", England and	l Wales	• • •	77.0	69.0
Pulmonary Tuberculosis Death Rate	• • •	• • •	0.96	0.67
Other Tubercular Diseases	• • •	• • •	0.16	0.11
Cancer Death Rate	• • •	• • •	1.44	1.27

Extracts from Vital Statistics of the Year.

Births		Total	Male	Female
0.0.7	Legitimate	791	418	373
827	Illegitimate	36	19	17

Total Deaths, 420.

Male, 204.

Female, 216.

Number of Women dying in, or in consequence of, Child-Birth— From Sepsis, Nil. From Other Causes, 3.

			1922	1923
Legitimate Infantile Mortality Rate	• • •	• • •	60.0	41.7
Illegitimate ,, ,, ,,		6 ♦ 8	78.9	27.7
Deaths from Measles (all ages)		• • •	3	Nil
" " Whooping Cough (all ages)		h 0 ~	7	1
,, ,, Diarrhœa (under 2 years)	• • •	o • •	7	1

It has always been the custom in statistical tables to make no differentiation of age at death above 65 years, but people seem to live longer now than they used to and the small table below gives the number of persons in Colchester who died in 1923 over the age of 70 years.

Deaths of Colchester Residents of 70 years and over-

70 and under 80	80 and under 90	90 and over.	Total over 70.
89	54	9	152

The ages of persons over 90 were—3 of 90 and 3 of 91 and one each 92, 93 and 95 years, 7 of these 9 were women.

Garrison and Institutional Populations.

Average Daily Strength of the Garrison ... 3,521

Officers, ... 163. Women, 344.
Other Ranks, 2,466. Children, 548.

Mental Hospitals Population ... 2,954

Severalls Mental Hospital (Inmates and Resident Staff) ... 1,856

Royal Eastern Counties Institution ,, 1,098

The Causes of Death in Infants and Children under 5 years, 1923.

Cause of Death.	Under 1 year.	1—2 years	2-5 years.	TOTA IS.
Measles				
Whooping Cough	1		• • •	1
Erysipelas	•	• • •	•••	
Influenza			1	1
Diphthania	• •	. • •	2	
Diphtheria	• • •		2	2
Tuberculous Meningitis	• • •	1	• • •	1
Other Tuberculous Diseases	• • •		1	1
Bronchitis	1	1	* * *	2
Broncho-pneumonia		2	• • •	2
Pneumonia		2		2
Diarrhœa and Enteritis	1			1
Meningitis			1	1
Rheumatic Fever		• • •	1	1
Congenital Debility and		Control of the Contro		
Premature Birth	24			24
Violent Deaths	• • •		1	1
Other Defined Diseases	8		1	9
Totals	35	6	8	49

Causes of Death in Colchester, 1923.

(Civilians only).

Causes.	Males.	Females	TOTALS	
Measles	• • •		, , ,	
Scarlet Fever	• • •			• • •
Whooping Cough			1	1
Diphtheria	• • •	1	4	5
Influenza	• • •	3	8	11
Encephalitis Lethargica				
Meningococcal Meningitis	• • •	1		1
Tuberculosis of Respiratory Sy	stem	13	16	29
Other Tuberculous Diseases		1	4	5
Cancer, Malignant Disease	• • •	26	29	55 °
Rheumatic Fever		1		1
Diabetes	• • •	3	3	6
Cerebral Hæmorrhage, &c.		14	12	26

Causes of Death in Colchester, 1923.—continued. (Civilians only).

Causes.		Males.	Females.	Totals.
Heart Disease		31	49	80
Arterio-sclerosis	9 0 G	6	5	1/1
Bronchitis		10	15	25
Pneumonia (all forms)		10	4	14
Other Respiratory Diseases		5	4	9
Ulcer of Stomach or Duodenum	• • •	2	1	3
Diarrhœa, &c. (under 2 years)		1	-	1
Appendicitis and Typhlitis			3	3
Cirrhosis of Liver		2	2	4
Acute and Chronic Nephritis		4	5	9
Puerperal Sepsis				
Other Accidents and Diseases	of			
Pregnancy and Parturition			3	3
Congenital Debility & Malformat	ion,			
Premature Birth		11	10	21
Suicide	• • •	6		6
Other deaths from violence		7	2	9
Other defined Diseases		44	35	79
Causes ill-defined or unknown		2	1	3
Totals		204	216	420

It would be no exaggeration to call 1923 "the amazing year" from a Health point of view, several rates are records for Colchester and every rate that the most sanguine could only hope would be stationary has improved.

The Birth Rate, (that has been steadily falling all over the Country since the exceptional year 1920), has risen. The Infantile Mortality Rate is the lowest on record. The Cancer Death Rate, universally increasing, has fallen in Colchester. The number of Deaths from Tuberculosis is remarkably smaller. But the two most gratifying of all the rates are the General Death Rate which is only 9.7 per 1,000 inhabitants, a fresh record for Colchester, and the Illegitimate Infantile Mortality Rate which is only 27.7. This is the more astounding when it is realized that this means only one Illegitimate Infant under 12 months old died during 1923.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

Neither Diphtheria nor Scarlet Fever was at all prevalent during the year although in December a small outbreak of Diphtheria occurred in one of the Schools. Prompt measures were taken, the throats of the children of the class were swabbed and all positive contacts were excluded and isolated.

The high proportion of cases of both Diphtheria and Scarlet Fever removed to the Isolation Hospital should be noted. Not only is this important for preventing the spread of these diseases but also for the sake of those with the disease, as the after-effects of either of these diseases may cause crippling for life, and it is not too much to say that neither of these diseases should be looked after except by fully-trained fever nurses.

Notifiable Diseases during the Year. (Civilian and Military Cases).

	Notified Deaths			A	ges a	at No	tifica	ıtion	and	Deat	h		,	d to
Disease	Total Cases No and Total De	Under 1 Year	1	2	3	4.	5-6	10-14	15.19	20-34	35-44	45-64	65 and over	Cases admitted Hospital
Diphtheria	48 5	1	1	• •	2 1	1	17 3	13 1	5	4	1	3	• •	48
Scarlet Fever	44			1	3	4	16	8	7	5	• •	• 0	• •	42
Enteric Fever (in- cluding Para- typhoid	12	• •	• •	• • ′	• •	• •	2	3	2	4	• •	1	• •	9
Puerperal Fever	• •	• •	• •		• •	• •	9 0	• •	• •	• •	• •	• •	• •	• •
Pneumonia	33 19	1	2	1	• •	1	5 1	<i>&</i> 8	2 1	6	4 3	10	1	
Other Disease	es Ge	nera	ally	No.	tifia	able				(,	,	
Malaria	1	• •	• • {	• •		• •	• •	1	• •	• •	• •	• •	• •	• •
Dysentery	2	• •		4 6	٠.	1	• •		1	2	• •		• •	
Erysipelas	12	0 7	• •				3		• •	1	3	5	• •	• •
Encephalitis Lethargica }	3	• •	• •		• *	• •	1	• •		• •	1	1	• •	• •
Ophthalmia Neonatorum }	3	3		• •			• •	• •	• •			• •	••	• •
Other Disease						ly.								
Measles	8	3	2	1	2	9 4			• •	• •	• •		• •	• •
Whooping Cough .	51	6	8	9	11	17	• •	• •	• •	• •	• •	• •	• •	• •

The figures in italics in the above table give the number of deaths at the various age periods

,	Т	UBER	CULOS	IS.				
		New	Cases		Deaths			
Age Periods	Pulmonary		Non- Pulmonary		Pulmonary		Non- Pulmonary	
	м.	F.	М.	F.	М.	F.	М.	F.
Under 1	1 1 4 1 5 4 7 6 3	1 4 4 6 5 4 1	3 4 2 1 1 ·······	1 3 3 1 2 1	· · · · · · · · · · · · · · · · · · ·	1 4 2 3 1 3 1 2	1	1 1
Totals	32	26	11	11	13	17	1	3

Ophthalmia Neonatorum.

		Cases	eq		20	_	
Number of Cases.	Treated At Home In Hospital			Vision nimpaired	Vision	Total Blindnes	Deaths
	Not	At Home In Hospital		5	I	H	
3	3	3	• •	3	• •	• •	♦ P

Only one case of Tuberculosis died without having been notified previously, a ratio of $\frac{1}{34}$ or 2.9% of the Total Deaths from Tuberculosis, a great improvement upon the ratio of 15.9% of 1922 which itself was not high.

It has been the custom from the coming into force of the Tuberculosis Regulations to draw the attention of General Practitioners who certify Deaths from Tuberculosis of persons, who have not been notified, to the fact that notification of persons suffering from Tuberculosis is compulsory. No case has ever arisen where there was any suspicion of wilful neglect or refusal to notify, the most usual reason being that the doctor was not called in until the patient was dying and occasionally the diagnosis has only been arrived at after a post mortem examination.

The number of cases of Ophthalmia Neonatorum is the same as last year.

ISOLATION HOSPITAL.

Cases admitted to the Isolation Hospital during 1923,

Authority sending in case	es	Scarlet	Diph- theria	Typhoid Fever	Other Diseases	Total
Colchester Borough		33	44	8	6	91
,, Port	• • •		4		1	1
Essex County Hospital	• • •	• • •		1	1	1
Mental Institutions	,	7		• • •	7	14
War Department	• • •	3	4	• • •	19	26
Walton U.D	• • •	3	1	1	• • •	5
Frinton U.D		1	1	1		2 1
Hadleigh U.D		• • •	1			1
Tendring R.D	• • •	2	3	6	• • •	11
Lexden & Winstree R.D.		5	• • •	• • •	2	7
Belchamp R.D	• • •	1	2		• • •	3
Long Melford R.D	• • •	\$ ● ●	3	2	• • •	5
Essex County Council		• • •	1		53	1 53
Private Cases	• • •		• • •	• • •	6 1	6
Totals		55	58 6	18	89	220 14

Deaths from the various diseases are given in italics.

An unusual number of the Hospital Staff contracted one or other of the diseases isolated at the Hospital. Two of them caught Scarlet Fever, one Typhoid Fever and one Diphtheria.

The Probationer Nurse who took Typhoid Fever had previously caught Scarlet Fever and both diseases she had somewhat severely, as a consequence she was advised to give up Fever Nursing, anyhow for some time.

- The "89 Other Diseases" enumerated in the above Table were:—
 - 53 Cases of Pulmonary Tuberculosis sent in under the agreement with the Essex County Council.
 - 6 Positive Diphtheria Contacts from the Borough and
 - 6 ,, ,, Carriers from the Royal Eastern Counties' Institution.
 - 4 Cases of Tonsillitis.
 - 10 Cases of German Measles
 - 1 Case of each of the following diseases: _Encephalitis Lethargica; Urticaria; Chicken-pox and Pneumonia; Mumps; Bruised Face; Influenza; Tuberculosis of Lungs and Pharynx; Cerebro-Spinal Meningitis; and
 - 2 Cases of Measles.

The cases of Tonsillitis were sent in as suspected cases of Diphtheria. The case of Urticaria was believed to be Scarlet Fever and the soldier with a Bruised Face was at first thought to be suffering from Erysipelas.

An unfortunate lad with advanced Tuberculosis of the Lungs and Pharynx was admitted as a chronic case of Scarlatinal Sore Throat.

The above list of cases may reasonably be taken as a compliment to the efficiency of the Isolation Hospital. It means that the General Practitioners of the neighbourhood and the various Authorities concerned have no hesitation about sending in cases even though the diagnosis may not be absolutely certain at the time. They no doubt believe that the sooner an infectious case is sent into an Isolation Hospital the better, and having full confidence in the Colchester Isolation Hospital they keep upon the safe side and send in some cases

of doubtful diagnosis frequently warning the Medical Officer that they are taking this step as a precautionary measure. When this occurs the case is isolated until a definite diagnosis can be made.

The Mortality Rates of certain Infectious Diseases per 1,000 population compared with those for the same diseases in England and Wales during 1923.

	Number of Cases Notified	Death-Rate per 1,	000 Population.	
Disease.	in Colchester.	England & Wales	Colchester.	
Scarlet Fever	44	0.03	0.00	
Diphtheria	48	0.07	0.11	
Enteric Fever	12	0.01	0.00	
Diarrhœa (under 2 years)		7.7	0.12	

This Table shows that the Mortality Rate for Diphtheria in Colchester was rather higher than in the rest of England and Wales. In all the other diseases the Mortality Rate was lower.

Small-pox.

The outbreaks of Small-pox in certain parts of England still continue, and it is of the greatest importance to decide whether they are likely to affect places situated at some distance from these centres of infection. That is not the only point. The disease as it is occurring is only a mild infectious disorder with practically no mortality, so would it be a serious matter if it did come to Colchester?

One school of thought to-day seems to argue that the disease is mild and is not likely to spread owing to the general great improvement in Sanitation and General Hygiene, and further that the disease is not the dangerous Asiatic Small-pox but the harmless American type, sometimes called Alastrim. So these people appear to advise that the best thing is to do nothing, arguing that even if it does occur it will be dealt with by the Health Department, and it will only inconvenience a certain number of persons and those attacked will only have the mild Alastrim.

This policy of "laisser faire" and "hope for the best" must be utterly condemned. The arguments may be good if the premises are

sound but this is very doubtful. Influenza at first was a mild disorder, Punch made jokes about it, and nobody was really alarmed. But steadily year by year the attacks became more violent and more virulent until there were the appalling death-rates of two and three years ago. Small-pox may proceed along the same course. It is very likely to do so. When diseases have been quiescent in a country for years they are liable to regain a foothold in a mild form and then after a year or so flare up as a virulent epidemic. No one can say if Small-pox will do this or not, but it is safer to be vaccinated in case such a time may come.

Scarlet Fever,

Fewer cases of this disease were reported than in 1922. The majority of the cases were slight and no deaths occurred.

Diphtheria,

Only 48 cases of Diphtheria were notified and out of these 21 were in connection with two small outbreaks. The first occurred in January and three families only in the same street in the East Ward were involved. The type of disease was exceedingly severe, two of the children dying within a week of admission to Hospital and two others a fortnight later. Ten cases and one contact occurred altogether, four in one family, three in another and three and the contact in the third. The outbreak ended abruptly with the removal of the last case to Hospital and disinfection of the houses—It lasted altogether just six weeks.

The other outbreak occurred in December in connection with St. John's Green School. Ten cases were notified in fairly rapid succession from this school. Children absent from school were visited and many doubtful cases of sore throats were swabbed with the result that in all 10 cases and 3 contacts were removed to the Isolation Hospital. This outbreak began on December 4th and ended on December 20th. Unfortunately, a child who was ill at home was reported to the visiting nurse as having Influenza and as being under the care of a doctor, the truth being that she had been taken to see a chemist. This child suddenly became very ill and the doctor arrived only in time to find the child dead. He suspected Diphtheria and a

throat swab showed the organisms to be present. This last case is quoted as again drawing attention to the insidious onset of Diphtheria and the extreme danger to life of its neglect. A slight sore throat and feeling of listlessness are frequently the only symptoms of attack.

Enteric Fever.

An unusual number of cases were notified, twelve in all. Six were cases of true Typhoid Fever, four were Para-typhoid B, and in two cases the particular type of infecting organism was not differentiated. Nine of the cases were removed to the Isolation Hospital, two occurred at Severalls Mental Hospital and one at the Military Hospital.

No deaths from this disease occurred during the year.

Cerebro-spinal Meningitis.

No cases of this disease were notified.

Measles and Whooping Cough.

Very few cases of either of these diseases occurred, only 8 cases of Measles were notified and 51 cases of Whooping Cough. The cases were no doubt much more numerous as only the first case under 5 years in a house is notifiable under the Colchester Regulations. It speaks well for the care and attention these cases received from doctors, district nurses and health visitors that only one death occurred from either of these diseases, this was a premature child with Whooping Cough, aged 2 months, who was not notified as a previous case in the house already had been.

MATERNITY AND CHILD WELFARE.

Visits paid to Infants by the Health Nurses during the year.

Under 1 month	1-3 months	3-6 months	6-12 months	1-2 years	$\begin{array}{c c} 2-5 \\ \text{years} \end{array}$	Total Visits	
954	834	1,076	1,930	2,486	4,223	11,503	
Number of Visits to Illegitimate Children 70. " Long Tube Bottles being used n " occasions where Infants were sleeping with							
	1	their parer l Birth en	its	• • •		. 45	

Notification of Births Act.

Number of Children born alive and notified in accordance with the Act ... 777

,, Children born alive and not so notified ... 40

,, Still Births notified ... 24

,, Births notified by Midwives ... 560

,, , , , , Parents or Doctors ... 241

The Borough Council have an arrangement with the District Nursing Association under which the Association undertakes to send a nurse to look after poor ailing infants and young children. During 1923 advantage was taken of these arrangements upon five occasions and nurses were sent to attend to children suffering from Bronchopneumonia; Ophthalmia Neonatorum; Whooping Cough and Bronchopneumonia; Croup; Jaundice.

All these children made a good recovery except the child with Broncho-pneumonia who died. In all 26 visits were paid by the district nurses to the above cases.

The Infant Clinic.

Number of new babies brought to the Clinic	800	180
,, Attendances made		1,234
Dried Milk supplied free or at reduced prices	lbs.	288
,, ,, at full special price	lbs.	2,750
Meat Extract supplied at full special price in	10-oz.	
cartons		378
Flannel supplied at a special price	yds.	$250\frac{1}{2}$
Wool ,, ,, ,,	lbs.	$13\frac{1}{4}$
Baby Garments made up at special prices		8
Paper Patterns for Baby Clothing given free	• • •	14
Malt and Cod Liver Oil	lbs.	55
Cod Liver Oil and Hypophosphites 4-oz. b	ottles	44

These figures are very similar to those of last year. The amount of Dried Milk sold has increased and the amount given free or at reduced prices has diminished. The number of new babies brought to the clinic is up by 10, whereas the number of attendances is less by 50.

There can be no doubt that the Infant Clinic finds a very useful place among Health Activities but at present it does not seem to appeal to the mothers who need its assistance most, that is to say the poorest and most necessitous parents seem to be shy of making such use of the Clinic as it was hoped they would. No doubt this is partly due to the fact that the poorest and often the most thriftless do not think of going to a clinic or a hospital until a child is really ill. Then again they do not like the publicity of a clinic where they may meet persons better off than themselves who will cast eyes of reproach upon their baby's poor and probably dirty clothing. It is most important that every effort should be made to encourage these parents to bring their babies to the clinic.

Milk (Mothers and Children) Order, 1919.

		1921.	1922.	19 2 3.
Number of families supplied wi	h			
free fresh milk		85	102	84
Number of pints supplied		6,830	8,836	8,309

Only one case was discovered during the year of parents concealing part of their income in order to obtain a free supply of milk. Very careful enquiries are made by the Nurses and the information they obtain has proved most gratifyingly correct. Recently it has been possible to check the returns of income made by applicants to the Nurses for free milk from certain returns obtained for quite another purpose, and except for the case quoted above all statements of income have proved correct or to differ only by immaterial amounts.

The good done by this free milk for necessitous infants is far beyond the actual money value. It would probably not be an overestimate to state that ten infants lives are saved annually by its means in Colchester alone.

It is a pleasure to record that many of the mothers express their gratitude to the Nurses for the supply, and, as soon as times for the family improve, say they think that now they can manage without the free milk.

Puerperal Fever.

No cases of this disease were notified.

Ophthalmia Neonatorum.

Three cases, the same number as last year, were notified. In every instance a midwife had been in attendance and in every instance recovery was complete without injury to the sight.

Epidemic Diarrhœa.

Only one death occurred from diarrhoea in children under 2 years of age. This was a baby of 2 months old. Diarrhoea in epidemic form is fast becoming an obsolete disease in Colchester.

NURSING ARRANGEMENTS, HOSPITALS AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

A statement of these arrangements and a list and description of the Institutions was given in the Annual Report for 1921. There is nothing fresh to add to what was stated in that Report.

Ambulance Facilities.

The same facilities are available as in 1921.

Laboratory Work. TOTALS Results Specimens Examined Negative Positive 1923 or Normal 1922 Swabs for Diphtheria B. 1043 102 941 1558 Sputum for Tubercle B. 33 97 136 130 Blood for Typhoid and Paratyphoid Reaction... 27 11 16 14 Milk for Tubercle B. 5 10 5 Pus for Gonococcus ... 2 2 9 56 Hair for Ringworm 41 15 43 2 Urine Examinations (various) 2 6 Spinal Fluid for Menin-2 2 gococcus ... Town Water Supply | Spring Supply ... 10) 22 20 ... \ Artesian Well Analysis Total Specimens Examined 1792 1285

The number of specimens examined in the laboratory fell to a more normal figure. In 1922 this number had been unduly swollen by the outbreak of Diphtheria in the Essex County Hospital and the large number of swabs examined in connection with it.

More specimens of children's hair have been examined for the Ringworm Fungus. This is not because the number of cases have increased but because very particular care is taken that no child who has had Ringworm shall return to school until a thorough examination of the hair has been made for the fungus.

As has been the case for many years past Diphtheria Antitoxin and throat swabs are always available for the use of General Practitioners, during the week at the Health Offices and also at all times at the Town Hall Police Station.

ADOPTIVE ACTS, BYE-LAWS AND LOCAL REGULATIONS.

To the Adoptive Acts in force in the District given in the Annual Report for 1921, might well be added, "The Public Baths and Washhouses Acts," adopted by the Colchester Borough Council in 1883. The Bye-laws, etc., remain as given in the 1921 report.

SANITARY ADMINISTRATION:

The tabular statement below summarises the work of the Sanitary Inspector's Department.

Work of the Sanitary Inspector's Department with action taken under the Public Health Acts, Bye-laws, etc.

Number of	Complaints received			274
7 7	Nuisances detected or reported	• • •	• • •	1805
,,	Workshops inspected	• • •		334
,,	Homeworkers' Premises inspec	ted	• • •	347
,,	Informal Notices served	• • •		1241
"	Statutory Notices served	• • •	• • •	146
"	Summonses taken out	* * *	• • •	
2.2	Nuisances abated			1658

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HOUSING.	
Number of :	
Houses and Workshops cleansed	51
Overcrowded Houses where Overcrowding was al	bated 4
Defective Roofs repaired	67
Instances of Rainwater Pipes and Gutters repa	aired or
renewed	30
Houses or Workshops in which Ventilation was i	improved 14
WATER SUPPLY.	
Number of:—	
Hand-flushed Closets connected with Water Sup	ply 813
Defective Closet Water Fittings repaired	81
Houses provided with Water	12
Defects reported to Water Supply Department	13
Wells cleansed and repaired	
DRAINAGE.	
Number of:—	
Drains unstopped or repaired	116
New Closet Pans or Apparatus fixed	249
Water Closets repaired	95
Filthy Closets cleansed and lime-washed	6
New Closets built	21
Privies converted into Water Closets	2
Old Drains and Traps abolished	9
New Drains, Gullies, Disconnecting Chambers, e	etc., fixed 32
Defective or Insufficiently Ventilated Soil-pipes	remedied 3
Other Sanitary Work.	
Number of:—	
Other defects remedied	586
Defects reported to the Surveyor's Department	23
Ashpits abolished	5
Ashbins provided	432
Yards paved	
Removals of Manure or other offensive Matter	61
Nuisances from Animals improperly kept abated	d 108
Dead Animals removed from public places and l	buried 55
Defects reported to H.M. Inspector of Factories	• • •

The above table gives some evidence of the large amount of valuable work done in the Sanitary Inspector's Department. It does not show the difficulties that have to be faced and surmounted to get the improvements enumerated carried out. Many persons' Sanitary consciences appear to deal only with their neighbours conditions and surroundings. If everyone would look after his own property as well as he expects his neighbours to look after theirs, most of the Sanitary Inspectors in England would be out of a job.

Inspection of Places where Food is prepared.

Premise	es.			Number	Inspections
Slaughter-houses:— Registered Licensed Bakehouses Underground Dairies and Milk Shops Cowsheds	• • • • • • • • • • • • • • • • • • • •	• • •	10 9 37 1	19 38 68 62	189 124 179 180

Last year an explanation was given in the Annual Report of the various meanings of the different standards of milk under The Milk (Special Designations) Order, 1922. Already several milk dealers in the Borough have made arrangements for a supply of "Certified" Milk, "Grade A (Tuberculin Tested)" and "Grade A" Milk, and a farm near Colchester is producing an excellent supply of "Grade A" Milk. The need for a Guaranteed Milk has been felt for some years and the Milk produced under the Special Designations Order undoubtedly fulfills that need.

The examination of all the milking herds in the Borough has as usual been carried out twice by a Veterinary Surgeon. He examined 436 cows and could detect no Tubercular lesion in any of them. The number of cows examined is 5 more than in 1922.

THE SALE OF FOOD AND DRUGS ACTS, AND THE MILK AND CREAM REGULATIONS.

Result of Analysis of Samples taken under the SALE OF FOOD AND DRUGS ACTS.

Samples.	Number of Samples.	Adulter- ated.	Nature of Adulteration.
New Milk	51	8	New Milk:_
T_{00}	1		8 Fat Deficient :-
Doog	1		10%; 13 3%; 20%;
Diag	1		10%; 26.6%; 23.3%
Q-1 man	1		3·3%; and 10% re
Casas	2		spectively.
9-00	2	1	r
Coffee	3		
White Donner	2	1	
Characa Calana	3		
Dutton	8		
0	1		
Mariana	2		
Ostmaal	2		
Dayson d Croam	1		
Charm	1		
D	1		
Dearl Paulor	1		
D	1		
D 1 1 1 0	1		
O- store Oil	1		
Chicany	1		
Salf Diging Flour	2		
Minad Smarta	. 1		
A 1	1		
Malt Wingman	2		
Castal Whistra	1		
T)	2		
Machine Skimmed Co			
densed Milk	1		
C 1 Mills	1		
Til a- l trag Oil	1		
01: 0:1	1		
	101	8	

Fewer samples of Milk were found unsatisfactory when compared to the number found in 1922. Of the 8 fat-deficient samples detailed above, 6 were original samples and 2 were second samples taken in course of delivery, in each of these two cases further samples taken at the respective farms were found to be "genuine" samples.

Warnings were given to the vendors in three of the above cases of adulteration. In the remaining five cases prosecutions were instituted. Two were dismissed upon payment of the costs, (5/- in each case), the other three were fined—£5 including costs; £2 and 12/6 costs, and £1 including costs, respectively.

Milk and Gream Regulations.

1.—Milk and Cream not sold as Preserved Cream.

	(a) Number of Samples examined for the pre- sence of a preservative.	(b) Number in which a Preservative was reported to be present and percentage of preservative found in each sample.
Milk Cream	51	
Cream sold as Preserved Cream	1	0.21%

AMOUNT OF UNSOUND FOOD DESTROYED DURING THE YEAR.

							Cwt.	Qrs.	Lbs.
Beef Mutton	•••	• • •		• • •		÷ • •	5	2 3	24 6
Fish				1			5	2	7
Offal (K	Cidneys,	Liver,	etc.)				1	1	
Tinned	Fruit (6	tins)		• • •	* * •		,		12
·									

In addition to the above, 1 carcass, 3 hindquarters and 3 forequarters of Beef and 1 carcass of Mutton were destroyed as being unfit for food.

All the above unsound food was surrendered voluntarily.

Number of Offensive Trades.

Fish Friers		• • •	• • •	9	• • •	19
Gut Scrapers	• • •	• • •		• ••	• • •	1
Tallow Melters		• • •		• • •	• • •	2
Rag, Bone and Skin Dea	alers					4

Common Lodging Houses,

The one Common Lodging House remains the only one in the Borough. The keeper who owned the house has now sold it and the new owner is keeping the house better and seeing that the half-yearly limewashing is done up to date.

PUBLIC HEALTH STAFF.

Two changes have occurred in the staff since the beginning of 1923.

Senior Sanitary Inspector.

A. FISHER, C.R.S.I.

Mr. Fisher was appointed in Mr. T. Wells' place early in 1923. He is a whole-time Officer to whose salary a contribution is made under the Public Health Acts. He is also Food and Meat Inspector to the Borough Council.

Health Nurse.

Miss Eva Smith, C.M.B.

In November Miss M. G. Hunter resigned her position and Miss E. Smith was appointed in her place. She is a fully-trained Nurse and devotes her whole time to Borough Council Work. A contribution is made to her salary by Exchequer Grant.

HOUSING.

Number of New Houses erected during the year:—		
(a) T otal	• • •	91
(b) With State assistance under the Housing Acts, 1 or 1923.	919	
(i) By the Local Authority		<u> </u>
(ii) By other bodies or persons	• • •	18
UNFIT DWELLING-HOUSES.		
I.—Inspection.		
(1) Total number of dwelling-houses inspected housing defects (under Public Health or House		
Acts)	•••	2,227
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection		
District) Regulations, 1910	• • •	1,066
(3) Number of dwelling-houses found to be in a s so dangerous or injurious to health as to be u for human habitation.		21
(4) Number of dwelling-houses (exclusive of the referred to under the preceding sub-head found not to be in all respects reasonably fit human habitation	ing)	130
II.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL	Noti	CES.
Number of defective dwelling-houses rendered fi		
consequence of informal action by the L	ocal	
Authority or their officers	• • •	70
III.—Action under Statutory Powers.		
A. Proceedings under Section 28 of the Housing, T Planning, etc., Act, 1919.	'own	
(1) Number of dwelling-houses in respectively which notices were served requiring repa		

(2)	Number of dwelling-houses which were rendered fit:—	
	(a) by owners	December of the Person
	(b) by Local Authority in default of owners	
(0)		Virginarithia
(3)	_	
	-	
	intention to close	disentegras
Procee	edings under Public Health Acts.	
(1)	Number of dwelling-houses in respect of	
	which notices were served requiring defects	
	to be remedied	364
(2)	Number of dwelling-houses in which defects	
`	were remedied :—	
	(a) by owners	328
	(b) by Local Authority in default of	
	owners	36
(1)	Number of representations made with a view	
	to the making of Closing Orders	2
(2)	_	4
	which closing crucis word made	1
(3)		
	fit	
	(3) Procee (1) (2) (2)	(a) by owners (b) by Local Authority in default of owners (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close Proceedings under Public Health Acts. (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied (2) Number of dwelling-houses in which defects were remedied:— (a) by owners (b) by Local Authority in default of owners Proceedings under Sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909. (1) Number of representations made with a view to the making of Closing Orders (2) Number of dwelling-houses in respect of which Closing Orders were made (3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered

- (4) Number of dwelling-houses in respect of which Demolition Orders were made ... 2
- (5) Number of dwelling-houses demolished in pursuance of Demolition Orders ... 3

It will be noticed that the amount of housing work done during the past year was much larger than in recent years.

Attention is also drawn to the reduction from 82 to 21 in the number of houses considered unfit for human habitation. Many of the houses included in the first figure have now been done up and though not all that could be desired are much improved and so have been taken from para. 1 (3) and included in para. 1. (4) above. The 21 houses in para. 1 (3) should be considered as irreparable and their closing and demolition will be recommended as opportunity offers.

W. F. CCRFIELD, M.D., D.P.H.,

Medical Officer of Health, etc., of the

Borough of Colchester

Health Office,

Trinity Street.

